

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/567638

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		
3				1		
4				1		
5				1		
6				1		
7				1		
8				1		
9				1		
10				1		
11				1		
12				1		
13				1		
14				1		
15				1		
16				1		
17				1		
18				1		
19				1		
20				1		
21				1		
22				1		
23				1		
24				1		
25				1		
26				1		
27				1		
28				1		
29				1		
30				1		
31				1		
32				1		
33				1		
34				1		
35			1			
36				1		
37				1		
38				1		
39				1		
40				1		
41				1		
42				1		
43				1		
44				1		
45			1			
46				1		
47				1		
48				1		
49				1		
50				1		
TOTAL IND.	0	↓	3	↓	0	↓
TOTAL DEP.	0	←	47	←	0	←
TOTAL CLAIMS	0	[REDACTED]	50	[REDACTED]	0	[REDACTED]

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51					1	
52					1	
53					1	
54					1	
55					1	
56					1	
57					1	
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97						
98						
99						
100						
TOTAL IND.	0	↓	1	↓	0	↓
TOTAL DEP.	0	←	6	←	0	←
TOTAL CLAIMS	0	[REDACTED]	7	[REDACTED]	0	[REDACTED]